

Southern Pines Police Department

High School Police Academy Application

Applicant

Name (Print) Last: _____ First: _____ Middle: _____

Date of Birth: _____ Drivers License # _____ State: _____ SS#: _____

Address: _____

Home Telephone #: _____ Cell #: _____ Email: _____

School: _____ Grade: _____

Have you ever been arrested or charged with a violation of law? Yes No

Describe: _____

Character References

	<u>Name:</u>	<u>Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Waiver

I agree to participate in this program or, as a parent/legal guardian, I allow my minor child to participate in this program sponsored by the Southern Pines Police Department and shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation and I agree to assume all risks involved in participating in the activity. I further agree to release the Southern Pines Police Department and the Town of Southern Pines, its employees, volunteers and agents from any responsibility should an accident happen. I agree to a review of my background including criminal history, if any, as a precondition of participation.

Parent/Legal Guardian Name: _____ Telephone: _____

Parent's/Legal Guardian's Signature (if participant is under 18 years old)	_____	Date	_____	Participant's Signature	_____	Date	_____
---	-------	------	-------	-------------------------	-------	------	-------

Note: Please attach photocopy of government issued identification (i.e. Driver License, Passport, etc.).

For Department Use Only

(Describe & Attach Printouts)

Criminal History Check (CCH)	<input type="checkbox"/> No CCH	<input type="checkbox"/> CCH	_____
Administrative Office of the Courts (AOC)	<input type="checkbox"/> No AOC	<input type="checkbox"/> AOC Record	_____
OSSI-RMS	<input type="checkbox"/> No RMS	<input type="checkbox"/> RMS	_____
DMV	<input type="checkbox"/> No DL	<input type="checkbox"/> DL	_____

Review:

Recommend Approval: Yes No _____
Community Services Coordinator Date

Comments: _____

Recommend Approval: Yes No _____
Operations Captain Date

Comments: _____

Approval: Yes No _____
Chief of Police Date

Comments: _____